

## HPHCURRENT EVENTS

### **2016 Physician Group Honor Roll Announced**

Harvard Pilgrim would like to congratulate the 52 physician groups in Massachusetts and Maine named to our 15th annual Physician Group Honor Roll. The annual Honor Roll highlights physician groups that have achieved exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

Harvard Pilgrim selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 15 measures, such as appropriate treatment for children with upper respiratory infection, comprehensive diabetes care, and breast cancer screenings. Nine of the 52 practices on the Physician Group Honor Roll achieved "With Distinction" status, meaning they exceeded NCQA's national 90<sup>th</sup> percentile in all domains of clinical care.

Honor Roll physician groups are noted in Harvard Pilgrim's [Provider Directory](#), enabling members to evaluate and select providers based on quality and safety performance. To view the complete lists of this year's recipients, and to learn more about Harvard Pilgrim's methodology, please visit the [2016 Physician Group Honor Roll page](#). ♦

## CLINICIAN CORNER

### **Newborn Level II-IV/NICU Admission Notification Policy**

For dates of admission on or after April 15, 2017, Harvard Pilgrim is requiring notification from the servicing providers for non-routine newborn care (level II-IV) including all admissions to neonatal intensive care units (NICU). Notification is required within two business days of admission for babies whose care will be defined by the following nursery revenue codes:

- 0172 — Newborn Level II
- 0173 — Newborn Level III
- 0174 — Newborn Level IV

This requirement is applicable when a newborn is admitted to NICU immediately following delivery, is discharged from the hospital and then re-admitted, or transferred from the birth hospital to another hospital's NICU.

**Information required**

The following information is required for notification of non-routine newborn care (level II-IV)/NICU services:

- Harvard Pilgrim identification number for the subscriber and/or newborn along with the member's name
- Admitting provider's name and National Provider Identifier number (NPI)
- Hospital's name, location, and NPI
- Diagnosis
- Service requested
- Admission date (must be the actual date the newborn was admitted to inpatient status)
- Newborn's date of birth

**Submitting a notification**

If the child has an active Harvard Pilgrim ID number, the servicing provider may submit notification to Harvard Pilgrim's Referral/Authorization unit in one of three ways:

- electronically via *HPHConnect* or NEHEN
- by fax at 800-232-0816
- by phone at 800-708-4414

If the child does not have an active Harvard Pilgrim ID number yet, the hospital may only submit notification by fax or phone.

The Non-Routine Newborn Care (Level II-IV)/Neonatal Intensive Care Admission Notification Policy is similar to our Emergent Department/Urgent Admission Notification Policy, in that failure to provide adequate and timely notification will result in administrative denial of the claims. Harvard Pilgrim members cannot be held liable for claims denied for failure to notify.

For complete information, please refer to the new [Non-Routine Newborn Care \(Level II-IV\)/Neonatal Intensive Care Admission Notification Policy](#), as well as the updated [Notification Policy](#) and [Newborn Payment Policy](#) in our online *Provider Manual*. ♦

**Prior Authorization for Non-Emergent Transportation**

Effective for dates of service beginning May 1, 2017, Harvard Pilgrim is requiring prior authorization for all non-emergent transportation, including air (fixed-wing) and ground transportation (i.e. ambulance, wheelchair van). Prior authorization is not required for emergency transportation that is reasonable and medically necessary to ensure the member’s safe transport to the nearest medical provider capable of furnishing covered services.

In January, Harvard Pilgrim began requiring prior authorization for non-emergent transportation for Medicare Advantage members, and this policy extends the requirement to commercial plans.

**Coverage and criteria**

The updated Medical Transportation Medical Review Criteria outlines the criteria that must be met to receive prior authorization. Under this policy, the following codes require prior authorization: A0130, A0426, A0428, and A0430. While the following mileage codes do not require prior authorization, Harvard Pilgrim will only provide reimbursement for them when a prior authorization has been obtained for the corresponding transport service: A0425, A0435, and S0209.

Among the criteria, Harvard Pilgrim provides coverage for reasonable, medically necessary ground transportation to ensure the member’s safe transport only from the origins/destinations listed below.

Origin	Destinations
<ul style="list-style-type: none"> <li>• Member’s home/ place of residence (e.g., private residence/domicile, assisted living facility, long-term care facility, skilled nursing facility at a custodial level of care).</li> <li>• An acute care hospital, inpatient rehabilitation facility (IRF), or long term acute care hospital (LTAC)</li> <li>• Inpatient hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Member’s home</li> <li>• An acute care hospital, inpatient rehabilitation facility (IRF), or LTAC</li> <li>• Inpatient hospice</li> <li>• Skilled or subacute nursing facility</li> <li>• Dialysis facility (<u>only</u> when the individual's condition at the time of transport requires ambulance services).</li> </ul>

<b>Origin</b>	<b>Destinations</b>
<ul style="list-style-type: none"><li>• Skilled nursing or subacute facility</li><li>• Dialysis facility (<u>only</u> when the individual's condition at the time of transport requires ambulance services).</li></ul> <p>NOTE: The presence of end-stage renal disease and/or the requirement for chronic hemodialysis alone do not meet criteria for ambulance transport services. To be considered reasonable and necessary, members transported to and from hemodialysis centers must have other conditions such as those described within this policy.</p>	<p>In addition, medically necessary transportation to a physician's office or free-standing facility may be covered only when transportation origin is a skilled nursing or sub-acute facility, or an acute rehabilitation facility or LTAC where the member is being treated at a skilled level of care.</p>

For complete criteria for non-emergent fixed-wing air, ground, or wheelchair van, please refer to the updated [Medical Transportation Medical Review Criteria](#). In addition, the [Ambulance Transport Payment Policy](#) has been updated.

### **Requesting Prior Authorization**

The member's ordering provider is responsible for requesting the authorization with Harvard Pilgrim. To request prior authorization, please complete the [Transportation Prior Authorization Request Form](#) and submit your request to Harvard Pilgrim's Referral/Authorization Unit using one of the following methods:

- Electronically via [HPHConnect](#) or NEHEN
- Fax: 800-232-0816
- Telephone: 800-708-4414.

Transport providers should confirm that an authorization has been approved using *HPHConnect* or calling the telephone number listed above.

**Use Participating Ambulance Providers**

As a reminder, it's important to use a Harvard Pilgrim contracted ambulance provider when coordinating ambulance services for our members. Using ambulance services that do not participate in Harvard Pilgrim's network can result in higher out-of-pocket costs for your patients, affect risk-sharing arrangements, and increase the overall cost of health care premiums.

Harvard Pilgrim has a robust network of participating ambulance providers, which you can find in its entirety in our [Provider Directory](#). When delivering care to Harvard Pilgrim members, please select an ambulance provider from this directory. ◆

**Update: Expanded Coverage for Esophagogastroduodenoscopy (EGD)**

Harvard Pilgrim considers the use of esophagogastroduodenoscopy (EGD) — a test used to examine the lining of the esophagus, stomach and the duodenum — medically necessary for the diagnosis of numerous conditions outlined in our Esophagogastroduodenoscopy (EGD) Medical Policy. Effective for dates of service beginning April 1, 2017, for members age 18 and older, Harvard Pilgrim has updated this policy to include additional covered procedure codes and conditions. For a complete list of covered conditions, please refer to the updated [Esophagogastroduodenoscopy \(EGD\) Medical Policy](#). ◆

**GERD: Endoscopic Treatments Medical Policy Updated**

Harvard Pilgrim's Gastroesophageal Reflux Disease (GERD): Endoscopic Treatments Medical Policy lists certain procedures that are not covered for the treatment of GERD, due to being considered investigational/experimental and unproven. After a review of clinical literature, Harvard Pilgrim has identified an additional procedure that is not considered medically necessary, and has updated this policy accordingly.

Effective April 1, 2017 Harvard Pilgrim will not cover transoral incisionless fundoplication (TIF) for the treatment of GERD. In addition, Harvard Pilgrim is removing the Bard EndoCinch system from the policy, as it is no longer on the market.

For complete information, including the full list of non-covered procedures, please see the updated [Gastroesophageal Reflux Disease \(GERD\): Endoscopic Treatments Medical Policy](#) and [Non-Covered Services Payment Policy](#). ◆

**Updates to Artificial Cervical Disc Replacement Policy**

Effective April 1, 2017, Harvard Pilgrim is updating our Artificial Cervical Disc Replacement Policy to expand coverage to include two-level cervical degenerative disc disease, adding CPT 22858 as a covered service. The evidence base for two-level artificial cervical disc replacement has evolved, and as it is no longer considered experimental/investigational, for dates of service beginning April 1, 2017, Harvard Pilgrim will cover the following procedure with prior authorization:

- 22858 – Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)

Ordering physicians are responsible for obtaining prior authorization. You may request prior authorization for artificial cervical disc replacement through the NIA website ([www.RadMD.com](http://www.RadMD.com)) or by phone (800-642-7543).

Artificial cervical disc replacement for three or more levels (0375T) continues to be considered investigational and remains uncovered. Please refer to the updated [Artificial Cervical Disc Replacement Medical Policy](#) for Harvard Pilgrim’s clinical criteria, as well as our [Spine Management and Prior Authorization](#) online resources. ◆

**Reminder: 90-day Supplies at Retail**

As a reminder, Harvard Pilgrim offers the opportunity to receive 90-day supplies of maintenance medications for commercial members, and 90-day supplies of both maintenance and non-maintenance medications for our Stride<sup>SM</sup> (HMO) Medicare Advantage members at retail pharmacies. We encourage providers to prescribe their patients 90-day supplies of maintenance medications in an effort to increase medication adherence.

**90-day supplies available at retail pharmacies**

Your patients with prescription drug coverage are able to purchase 90-day supplies of maintenance medications at retail pharmacies that participate in MedImpact’s choice90<sup>RX</sup> program. Members can use our online pharmacy locator to find participating pharmacies. (Providers can view this at [www.harvardpilgrim.org/providers](http://www.harvardpilgrim.org/providers) by selecting the “Pharmacy” link on the left side of the page, and then the appropriate prescription drug program and “Find a retail pharmacy.”)

Members will pay their typical cost sharing (three times their cost sharing for a three-month supply) at retail locations. Discounts still apply for lower-tier drugs ordered through the Walgreen's mail service program, which is another option for members who choose to receive 90-day supplies of maintenance medications.

**Mail service for maintenance medications only**

While the mail service program may be used for 90-day supplies of maintenance medications, it cannot be used for other medications or smaller supplies for members of Harvard Pilgrim's commercial plans. Non-maintenance medications may be purchased in 30-day increments at retail locations only. This restriction on non-maintenance medications applies only to commercial members; members of Harvard Pilgrim's Stride<sup>SM</sup> (HMO) Medicare Advantage plans may receive 90-day supplies of maintenance and non-maintenance medications.

**Maintenance vs. non-maintenance medications**

Maintenance medications are generally prescribed for the long-term treatment of chronic conditions, and are taken continuously, not intermittently or as needed. Maintenance medications include but are not limited to:

- Antidepressants
- Asthma/COPD medications
- Cholesterol lowering drugs
- Diabetes medications
- Estrogen therapies
- Heart medications
- High blood pressure medications
- Oral contraceptives
- Seizure medications
- Thyroid medications

Conversely, non-maintenance medications are typically used for treatment of acute conditions. Examples of non-maintenance medications include antibiotics, erectile dysfunction drugs, and controlled substances. ◆

**Coordinating Care to Manage Weight Gain in Behavioral Health Patients**

It is common for patients prescribed certain antipsychotic or antidepressant medications to gain weight. When a behavioral health condition requires long-term treatment, this weight gain can become substantial, which may increase the risk of serious physical comorbidities, as well as lead to other psychological issues or discourage the patient from continuing with treatment.

Early action and persistent monitoring are essential to combating such issues in patients who require mental health drug therapy. The best approach to preventing and managing weight gain and its effects in patients with psychological disorders is a multidisciplinary treatment plan involving collaboration between PCPs, the patients' families, and behavioral health specialists.

**Weight management strategies**

Patients with chronic disorders such as major depressive disorder or bipolar disorder often choose to discontinue medication because of the significant weight gain resulting from it. Coordinating care between all the medical professionals working with these patients can keep them on track with their behavioral health treatment while managing their weight, but the most effective approach varies from patient to patient.

For some, the answer may be switching to a different antidepressant or antipsychotic to treat the patient's mental health disorder, or co-prescribing a weight loss medication. For others, the key could be modifying diet and level of physical activity. Often, the optimal strategy for weight management in patients diagnosed with a behavioral health disorder is a combination of pharmacological and non-pharmacological measures.

**Working together**

Early action is the most critical factor in keeping a patient's behavioral health treatment on track while maintaining a healthy weight. PCPs can monitor a patient's body weight from the start of behavioral health treatment to determine the risk for significant weight gain and work to control it. And the mental health professionals involved in treating a patient can regularly communicate with the patient's PCP to ensure that his/her weight is under control, or to devise a clinical strategy for getting it back on track. With early action, routine monitoring, and a multidisciplinary approach involving collaboration between PCPs and behavioral health specialists, patients can see an improvement in their mental health without substantial weight gain.

***How Optum/UBH can help your patients*** — For complex clinical situations, Optum/UBH is available to provide consultative assistance. Practitioners can call the Optum/UBH Physicians Consultation Service at 800-292-2922. To refer a patient for behavioral health services and to facilitate the coordination of care, call Optum at 888-777-4742. ◆

## **OFFICE ASSISTANT**

### **Provider Manual Update and Balance Billing**

Harvard Pilgrim has updated the Collecting Member Payment policy in our commercial online [Provider Manual](#) to provide greater clarity regarding the appropriate method of billing for health services.

The updates include language regarding the practice of “balance billing,” which Harvard Pilgrim does not allow. As a reminder, Harvard Pilgrim-contracted providers may not balance bill members for the difference between actual billed charges and their contracted reimbursement rate. Providers may only collect applicable cost-sharing from Harvard Pilgrim members for covered services and may not otherwise charge or bill them, and a member cannot be balance billed for covered services denied because the provider submitted the claim with insufficient information.

In the event that a provider fails to notify Harvard Pilgrim of a service that requires prior authorization or notification, resulting in a payment denial, the member may not be balance billed and is responsible only for his or her applicable copayments and/or coinsurance. A member cannot be billed for a covered service that is not medically necessary or otherwise not covered under the member’s plan, unless the member’s informed written consent to receive the specific service is obtained in advance. This consent must be in writing and include the member’s acknowledgement that because the specified service is non-covered, the member will be financially responsible for payment. Requiring a member to sign a general waiver and agreement to be financially responsible for any non-covered service is not sufficient to comply with this policy and may be considered an unfair practice under consumer protection laws.

For more information, refer to the updated [Collecting Member Payment policy](#). ◆

### **Moderate Sedation Reimbursement for GI Endoscopic Procedures**

As we reported in the December issue, as of April 1, 2017, Harvard Pilgrim will provide separate reimbursement for the following newly released codes for moderate sedation

when it is *provided by the same physician performing the procedure that the sedation supports*: 99151, 99152, 99153, and G0500.

We would like to provide further clarification that Harvard Pilgrim will not reimburse code 99152 for moderate sedation in conjunction with a gastrointestinal endoscopic procedure; HCPCS code 99152 is intended for use only for services other than gastrointestinal procedures (initial 15 minutes; patients age 5 or older).

For gastrointestinal procedures, you must use one of these codes depending on the age of the patient:

- G0500 — patient age 5 or older; initial 15 minutes of moderate sedation for gastrointestinal procedures only
- 99151 — patient younger than age 5; initial 15 minutes moderate sedation for gastrointestinal or other procedures

When submitting claims for reimbursement for gastrointestinal endoscopic services, pair the applicable moderate sedation code with the CPT code for the primary service (codes 43200-45398, G0105, or G0121).

Codes 99152, G0500, and 99151 are all used to bill for the initial 15 minutes of moderate sedation. For moderate sedation beyond the initial 15 minutes, code 99153 should be used regardless of type of procedure or the age of the patient.

For more information, please refer to the updated [Gastroenterology Payment Policy](#) and [Anesthesia Payment Policy](#). ◆

***Network Matters* is a monthly newsletter for the Harvard Pilgrim provider network**

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